

Issued: 11/98

Appendix 25
Provision of Upgraded Partial Denture and Crowns to Medicaid Recipients

A dentist/dental clinic must submit the following form or another written document with the same information upon submission of the first prior authorization (PA) request to provide an upgraded partial denture and/or crown (higher quality than currently covered by Medicaid) to a Medicaid recipient. All subsequent PA requests to provide an upgraded crown or partial denture *under the same dental clinic/dentist provider number* must either contain the same form or reference as the previously submitted document.

1. All Medicaid patients who receive services from the dentist/dental clinic listed below are eligible to receive upgraded crowns and/or partial dentures based on the following medical criteria established by the dental office:

2. All Medicaid recipients who receive upgraded crowns and/or partial dentures are charged no more than \$3 copayment, unless the recipient is exempt from copayment charges as based on Medicaid copayment exemptions outlined in Part A, the all-provider handbook.

3. Medicaid payment along with the \$3 recipient copayment is accepted as payment in full for the upgraded procedures.

Dentist/Dental Clinic (printed)_____

Dentist/Dental Clinic (signature)_____

Medicaid Provider Number _____ Date _____

